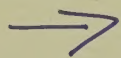


URBAN/MUNICIPAL
CA4 ON HBL I83
T54
1993



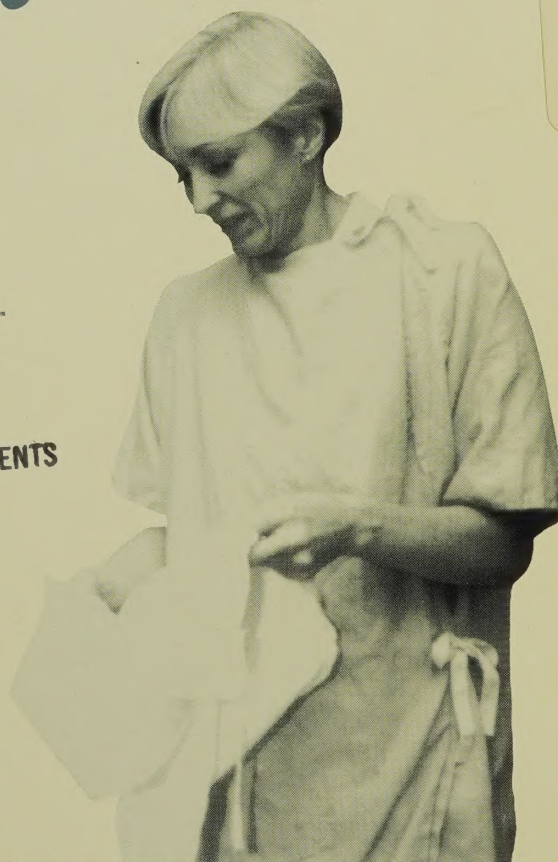
TOUCHSTONE

A JOURNAL OF THE HAMILTON CIVIC HOSPITALS

*Together in Caring,
Teaching and Discovery*



URBAN MUNICIPAL
SEP 1993
GOVERNMENT DOCUMENTS



Annual Report 1993

*Together...
in caring,
teaching and
discovery*

Touchstone is published by the Public Relations Department, Hamilton Civic Hospitals, 237 Barton Street East, Hamilton, Ontario L8L 2X2.

The Hamilton Civic Hospitals comprises two divisions: Henderson General and Hamilton General.

Chairman of the Board:

Dr. I. O. Stewart

President & Chief Executive Officer:

Dr. W. E. Noonan

**Director, Public Relations &
Editor, Touchstone:**

Ms. F. O'Flynn

Editorial Advisory Committee:

Mr. R. Swenor (Chair),

Ms. D. Drasic, Dr. F. Fraser, Dr. J. M. Phin,

Dr. M. McQueen, Dr. A. Turpie, Dr. K. Ockenden

Design:

Mrs. K. Merritt, Hamilton Civic Hospitals Foundation

Production:

Seldon Printing Limited

Research/Copy Editor:

Ms. S. Zelitt

Photography & Illustration:

- Audio-Visual Department, Hamilton Civic Hospitals
- The Hamilton Spectator
- Mr. J. Hourigan
- Mr. P. Homerski
- Ms. F. O'Flynn
- Mrs. N. Robb
- McMaster University

Interviewers/Writers:

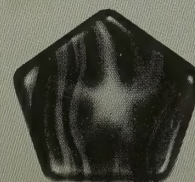
Mrs. N. Robb

Anyone is welcome to reproduce articles from **Touchstone**. We would appreciate credit, however.

Please contact us with suggestions, comments or additions to our mailing list at (416) 577-8001.

A Touchstone is "a kind of stone used for testing the fineness of gold and silver ... hence a standard for testing quality". To us, Touchstone connotes a sense of excellence, innovation and dedication, plus a feeling of warmth and caring. These five elements — symbolized by the five-sided touchstone to the right — are central to all our activities at the Civics; they are our standards and this is what we want our journal to reflect.

Editor



Contents



2	EDITOR'S COMMENT
3	HIGHLIGHTS IN CARING, TEACHING AND DISCOVERY
4	FROM BENCH TO BEDSIDE
6	CHANGES... FOR THE BEST
8	FIRST-RATE TRAINING / FIRST-RATE CARE
10	SPIRIT OF THE CIVICS
12	FRIENDS OF THE CIVICS
	<i>Annual Report</i>
13	BOARD OF DIRECTORS <i>Hamilton Civic Hospitals</i>
14	REPORTS
20	FINANCIAL STATEMENTS
23	STATISTICS
24	MSAC

Cover: Mom and baby learn about caring, teaching and discovery in Henderson's renovated Maternity Unit.

Photo by Jack Hourigan

Editor's Comment

"In the final analysis, our bottom line was to live within our budget constraints while at the same time offering the same or better quality of care to the community."

Dr. Ken Ockenden, Chair of the Joint Planning Subcommittee charged with planning the Civics' response to reduced government funding — quoted in the 1992 Annual Report.

.....

The 1992 Annual Report of the Hamilton Civic Hospitals detailed measures that would be taken to deal with an immediate budget shortfall resulting from reduced government funding. Beds would be closed; jobs would be eliminated (at first through attrition and early retirement, later through the layoff of 99 staff members); and changes in patterns of practice would be implemented.

Now, a year later, we can look back on those measures and answer some of the questions posed in last year's Annual Report. Have we achieved what we set out to do? Most importantly, are we living within our budget constraints, while continuing to provide high-quality patient care?

This issue of Touchstone looks at the important question of patient care from this perspective.

As always, there is the strong link between research, education and patient care to be considered. (We, at the Hamilton Civic Hospitals, describe it in our logo as, *Together in Caring, Teaching and Discovery*.) In this issue, we look at some of the important developments in each of these areas that have occurred over

the past year, bearing in mind the impact they have on patient care.

The story focusing on clinical care entitled, *Changes...* for the best, looks at some of the more dramatic changes to our patterns of practice that have occurred. Changes like same-day admission for surgical procedures, pre-operative clinics and shortened lengths of stay with community agency support. For this story we talked to one patient about her experiences. We also read hundreds of Patient Discharge Questionnaires, and factored in results of a Patient Satisfaction Survey conducted by the Pre-Admission Assessment Clinic at Henderson Division. As well, we examined Operating Plan Monitors which compare, statistically, what we hoped would be achieved, with the reality of what was achieved. Finally, we reviewed many letters written to staff and administration by patients or family members after their hospital stays. The results, we think, are very telling.

Interestingly, one of many developments in research at the Hamilton Civic Hospitals has been the start of a study that looks at treating thrombosis patients at home with low-molecular weight-heparin. Pivotal studies conducted in Hamilton have led to international acceptance of low-molecular-weight heparin to treat blood clots, and this has properties that may make it possible to treat patients without having them admitted to hospital - saving on hospital beds **and** making it easier for patients and their families.

Similarly, developments in education, such as acquainting learners with resources in the community, as is done in the Ward 395 Clinical



Teaching Unit at Henderson Division, is helping re-focus some aspects of patient care.

The conclusion is that, to date, care hasn't suffered and that these changes are, according to many patients, "for the best." However, if now, in June of 1993, we are able to respond "yes" to the question — Are we still able to provide high-quality patient care? — there remains a spectre in the future. We are all concerned about lack of increases in funding in the next two years but now there is likely to be cuts. There may come a time when we will **have** to cut programs and staff. In spite of everyone's best efforts, we may be looking at longer waiting lists for diagnostic tests and other service reductions. Our staff (we were able to re-call the vast majority of those staff members who were laid off last year to fill positions vacated by attrition or added as a result of an expanded cardiovascular surgery load approved by the Ministry) are still working under difficult conditions. It is very much to everyone's credit that the quality of patient care is so high!

It is this, the here-and-now that Touchstone celebrates in the 1993 Annual Report issue. I hope you enjoy it.

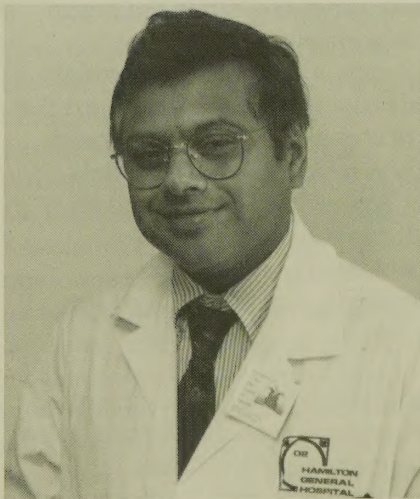
Frances O'Flynn, Editor

Highlights in caring, teaching and discovery



Thanks to the generosity of Hamilton and area firefighters, the region's only hyperbaric chamber was installed recently in the Burn Trauma Unit at the Hamilton General Division. The formal dedication ceremony, on December 8, 1992, was attended by representatives from the Hamilton Professional Firefighters' Association plus professional and volunteer firefighters from Stoney Creek, Burlington and area. Here, Dr. Janet Sproat (left), Director of Hyperbaric Medicine and Director of the General's Burn Unit, thanks the firefighters for providing funds for construction and installation of the \$350,000 unit, which is used for treating smoke inhalation, carbon monoxide poisoning, crush injuries, and for speeding up the healing of chronic wounds, among other things.

*Photo courtesy of
The Hamilton Spectator*



At the beginning of 1992, we were delighted to welcome internationally recognized cardiology researcher, Dr. Salim Yusuf. A cardiologist, based at Hamilton General Division, he is Professor of Medicine and Director of the Division of Cardiology at McMaster University as well as head of the

Preventive Cardiology Therapeutics program at the Hamilton Civic Hospitals Research Centre. A pioneer in heart disease research, including the giant international ISIS trials, he has changed the way the medical community now views heart disease.

His plans for the future: "What we hope is that we will be seen in five years time as a Division that offers something completely academically different from others in the country."



Eight-Pound, 10-ounce Sarah Nicole Hewitson became the first baby of 1993 to be born in the newly renovated Maternity Wing at Henderson. The \$1.6 million renovations, completed with funds from the community and from a Ministry of Health anti-recession grant, includes renovation and expansion of the neonatal unit, upgraded patients' washrooms and air-conditioning.

Sarah is seen here with Ward 2 Nurse Chris Cordeiro and parents Pamela and Tom Hewitson of Stoney Creek, Ont.

1993 research highlights

- Construction is under way on a three-storey building to house the Hamilton Civic Hospitals Research Centre. The Ministry of Health is funding two-thirds of the \$13.5 million project, with one-third of the funds provided from the Hospital's capital budget. Designed by Trevor Garwood-Jones Architects Inc. it will include 25,000 sq. ft. of research space and 25,000 sq. ft. to be used as a materials management/stores building. It is located at Henderson Division overlooking the city.

- The recruitment of Dr. Salim Yusuf, a world-renowned researcher who has just joined the Hamilton Civic Hospitals and McMaster University from the National Institutes of Health in Bethesda, Maryland. Among his many credits is his research into beta blocker drugs to reduce heart attack deaths, which was the start of the giant international ISIS trials, in which the Hamilton Civic Hospitals participated. Dr. Hirsh says: "We need people of this stature who can attract money from multinational industries who support research not only from outside Hamilton but from outside Canada."

- Major research under way in cardiovascular surgery, with the support of Hamilton General's Director of Surgical Research, Dr. Michael Buchanan.

- Dr. Jeff Weitz, Head of the Service of Thromboembolism, Department of Medicine, was elected into the American Society of Clinical Investigators - one of only 25 Canadians (five of whom are associated with McMaster University) over the years who have received this prestigious membership.

- Professor Michael Gent and his Clinical Trials Methodology group are designing a very large international study of a new aspirin-like compound.

- Professor Heather Arthur received a \$35,000 seed grant from the R. K. Fraser Foundation. She is an RN with a PhD in Psychology.

• Good fats, bad fats - a forum organized by the Public Education Committee of the Research Centre on cholesterol was filled to capacity and had to be repeated twice over the year.

From bench to bedside - the research continuum

We're all familiar with popular literature's version of the researcher as a white-coated scientist hunched over the microscope hour after hour.

But what about this: a physician, stethoscope around her neck, sitting at the patient's bedside, explaining in depth the objective of a clinical trial she is asking the patient to join?

Or this: three casually dressed young people clustered around a computer, designing data forms for the clinical trial?

The fact is, all three versions are correct. "It's a team approach, a three-way partnership," explains Dr. Jack Hirsh. "The clinical investigator identifies the clinical problem that needs to be solved: 'We are not satisfied with this approach to treating patients and are looking for improvements'; the clinical epidemiologists say, 'this is the best way to design the study to ensure you receive reliable results' and the basic scientist offers the biological rationale: 'based on test tube experiments and other models, there is a good chance the new treatment should work better than the old.'"

This is the continuum of research, as described by Dr. Hirsh, Director of the Henderson Division-based Hamilton Civic Hospitals Research Centre, and internationally recognized thrombosis researcher. Recently he was the recipient of the prestigious 1993 Seymour Lectureship for the individual who has contributed significantly to the advancement of internal medicine. He told his physician audience at the HCA

Wesley Medical Centre and The University of Kansas School of Medicine in Wichita, Kansas, of the impact of clinical research on clinical practice: "Clinical research is research that makes a difference to patient care."

Take the timely example of low-molecular-weight heparins. The first low-molecular-weight heparin has just been approved for use in North America, based on a substantial body of evidence that it is highly effective in fighting thrombosis (blood clots). Much of this body of evidence was gathered right here in Hamilton by Dr. Hirsh's group.

Twenty years ago, when the group had laboratories at McMaster University, a low-molecular-weight heparin, which is about one-third the size of standard heparin in current use, was tested in animal models (basic research) to see if it had an antithrombotic effect. It did. Coincidentally, and rather surprisingly, it also produced less bleeding.

In those days, heparin was the most effective drug available for preventing the formation of blood clots. However, it was not ideal because it could produce bleeding. As well, the dosage had to be monitored very carefully because patients' responses varied, depending on how ill they were. The clinical questions were: "Can we improve the safety of heparin?" and "Can we develop an agent which does not require such careful laboratory monitoring?" It took 10 years to work out the

reasons for the difference between heparin and low-molecular-weight heparin. Many of the observations made in this period were unexpected. They were followed up. Says Dr. Hirsh, "Some of them turned out to be important, some didn't." A study by Dr. Ed Young, for example, demonstrated that very sick patients produce proteins which bind to heparin and neutralize its anticoagulant effect. In contrast, these proteins do not bind to low-molecular-weight heparin. This research explained why patients' responses to low-molecular-weight heparin does not vary in the same way as it does to standard weight heparin and showed, therefore, that low-molecular-weight heparin produces a more predictable response.

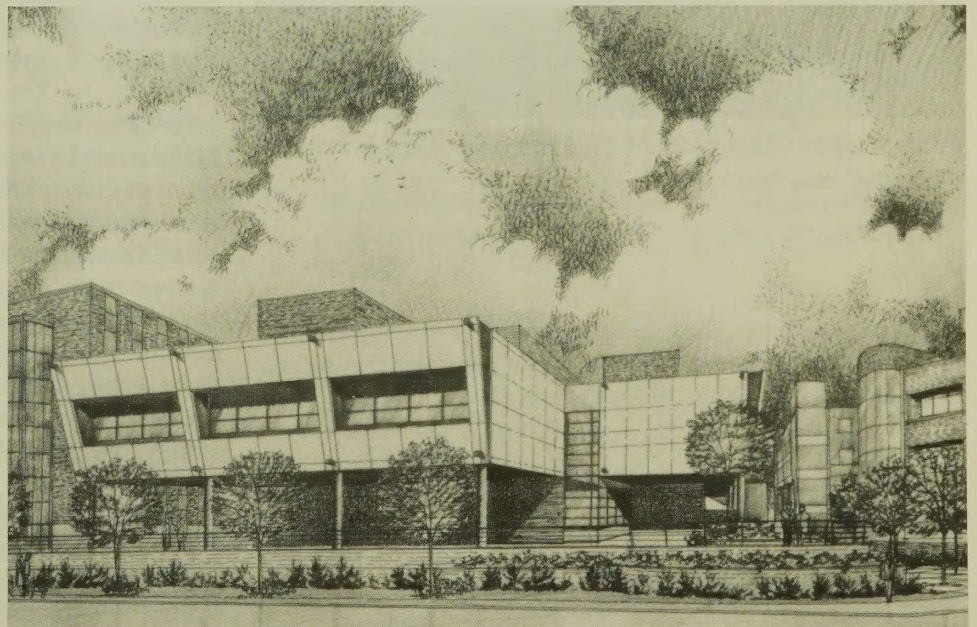
In 1984, researchers at Hamilton General and Henderson General Divisions designed a clinical trial with orthopedic patients, who were particularly likely to develop thrombosis (clinical epidemiology). In all, the Hamilton Civic Hospitals Research Centre coordinated five randomized trials with low-molecular-weight heparins. All were designed here; all were pivotal. Low-molecular-weight heparin gained international recognition as a very effective, very safe antithrombotic therapy. In February, 1993, it received the final stamp of approval from both Canadian and U.S. government agencies.

The story doesn't stop there. A new study, with the Hamilton Civic Hospitals Research Centre as the

coordinating centre, is examining whether low-molecular-weight heparin can be used to treat patients with thrombosis as out patients. The rationale being that, as they respond predictably to low-molecular-weight heparin, they do not require monitoring. This approach accords with the movement towards treating patients whenever possible in the community rather than in hospitals. The possible results: cost savings and happier, more comfortable patients, thanks to the three-way partnership.

Says Dr. Hirsh: "Our whole effort at the Hamilton Civic Hospitals Research Centre is to promote research that makes a difference - that answers questions that are relevant to patients. We need practising clinicians

with expertise in thrombosis and cardiovascular disease to identify areas of weakness in the way patients are managed; They are the ones who can raise the questions that need to be resolved through appropriately designed clinical trials. We need a strong clinical epidemiology group to ensure that the design of our studies will produce valid results and we need strong basic research, because many of the ideas for new interventions to improve patient care come from this."



Trevor Garwood-Jones Architects Inc.'s sketch of the new home of the Hamilton Civic Hospitals Research Centre, overlooking the city.

Changes... for the best

It was the driving force behind the Civics' response to funding cuts: with fewer beds and a commitment to provide the same high quality of care to the same number of patients, change was the answer. The difficulty lay in the questions - how, where, when, to whom...

In the consultative process that followed, these were answered. We would reduce average length of stay through a variety of means, including the introduction of pre-admission clinics and same-day admission for elective surgeries. We would see more patients in day settings, meaning an increased use of ambulatory care and day surgical procedures, where appropriate. Earlier discharges, again, where appropriate, would be achieved with the support of health care agencies in the community.

However, one final vital point remained to be addressed. When these changes are fully implemented we would continue to provide the same high quality patient care more efficiently. But would we be able to continue to provide it in a caring, compassionate fashion, in keeping with our traditions and values?

We hoped so, but to be sure we asked our patients.

"Generally speaking, I don't like hospitals," Joyce Greateorex points out candidly. "You can feel de-personalized. Like a slab of meat on an assembly line. But that didn't happen this time."

Mrs. Greateorex, from Campbellville, Ont., was admitted to Henderson Division this spring for surgery. Like most other elective patients she attended the Pre-Admission Assessment Clinic at the hospital two weeks prior to the procedure; she was admitted on the same day and she walked to the operating room. ("I hopped up on the table myself, feeling as if I had been given back some of the control that had been taken from me when I learned I had to have surgery.") She also was discharged three days after the procedure, with help from Home Care. ("That service is just great," she says.)

In the Pre-Admission Assessment Clinic she spent about two hours detailing her medical history and going through, with a nurse, a list of things to do and things to bring. ("They really pumped me for information. I felt they really wanted to know all about me so that all possible problems could be avoided.") There were blood and urine tests. She asked any questions she could think of. Then she watched a video on patient-controlled analgesia - a new method of controlling post-operative pain. "That was when I just lost it," Mrs. Greateorex comments. "I'm not



Patient Joyce Greateorex: "It gave me back some control over what was happening."

sure why, maybe it was fear of the unknown or of pain, but I was just thrown. Luckily for me, Anne Porteous was there. She was terrific support, not only then but also on the day of the surgery. She recognized I was in trouble and was there for me in a very personal way."

Ms. Porteous is the Nurse Clinician in Henderson's Pre-Admission Clinic. To her, the Clinic helps people deal with their questions and concerns before the surgery. "This is a very, very important part of our job," she notes.

The majority of patients who have gone through the Pre-Admission Assessment Clinic would agree. Six months after it was opened a survey of 207 patients was conducted. On a scale of 1 (poor) to 7 (very good), the vast majority of patients rated their experience a 6. One-hundred-and-ninety said the nurses answered all their questions and 196 felt they had enough time to ask questions and clarify concerns (the reminder didn't answer the question); 185 felt the written information received at the Clinic was helpful (one felt it was not helpful and 21 didn't answer); and 181 versus 26 felt the Clinic appointments were at convenient times (10:00 am to 5:20 pm, Monday to Friday.)

Most interesting, however, were the comments. There was some constructive criticism, many to do with the time the assessment takes (which varies according to a number of factors.) But the majority were as follows:

"Very thorough and extremely efficient. Very smooth operation removing fear."

"Patience and understanding are vital to a patient with anxiety about surgery. (These are) what I received when I came to the clinic. Keep up the good work."

"I appreciate the very human way the clinic was conducted."

Says Mrs. Greateorex: "The approach was right for me. Even though I was worried, I really liked being able to sleep in my own bed the night before my surgery. Now that I've done it this way, I'd refuse to have it any other way.

"But the most important thing was the way I was treated. From the Pre-Admission Clinic staff, to the physicians and nurses after the operation, to the Home Care people, I feel like I've been handled very well."

The way we were

... the way we are

- Goals:
- to service the same number of patients
 - to increase use of day care/day surgery
 - to reduce the average length of stay

	1992	1993	
# of in-patients	27,670	27,292	-1.4%
Out-patient clinic volume	98,042	111,108	+13.3%
Total day care and day surgery	17,800	24,867	+39.7%
Average length of stay (patient days)	10	9.5	-5.0%

Note:

Stats for Hamilton Civic Hospitals (Henderson General and Hamilton General Division figures combined)

This spring, Mrs. Leslie Saunders sat down and wrote a wonderful letter to her sister's caregivers on Ward 396 at Henderson Division. Mrs. Saunders sums up what makes Henderson and its sister hospital Hamilton General special. Their people. Here are excerpts of Mrs. Saunders' letter. We thank her for allowing us to print them.

"For the umpteenth time since my sister died in January, I thought of the wonderful care she received from the staff during her short stay on your Ward."

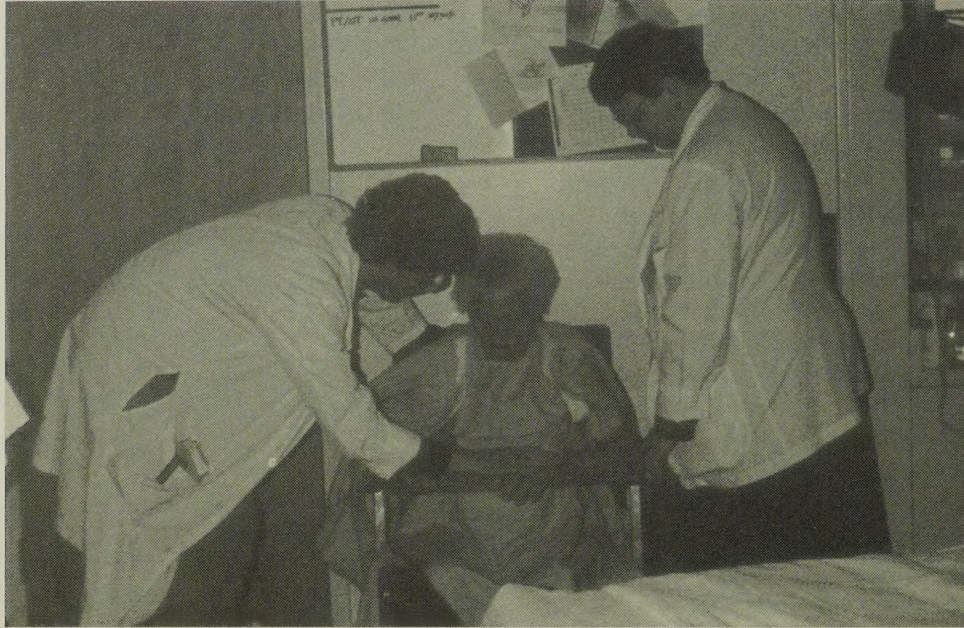
"I take for granted your professional skills...but far and beyond and more importantly the personal concern and attention that was demonstrated amazed and touched me deeply - it was so much more than I expected."

"I really feel that bringing comfort to another human being is the most special thing we can do in our lives and I want you to know what you did for me."

Leslie Saunders
Guelph, Ont.

Teaching

First rate training / first-rate care



Dr. Ingrid Luchsinger (left) and Dr. Catherine Mitchell examine Mrs. Mary Bannister's rash.

Dr. Catherine Mitchell wants to be an internist and geriatrician and would like to work in the North. The student in Medicine at McMaster recently completed an elective in microbiology and infectious diseases at the Hamilton General's Department of Laboratory Medicine. It was a unique experience for her. She was able to connect, in a very direct way, patient care with laboratory work. The link was her physician supervisor, Dr. Ingrid Luchsinger, who is Head of the Section of Microbiology in the Department of Laboratory Medicine, and is also responsible for care of patients with a variety of infections.

Says Dr. Matt McQueen, Chief of the Department of Laboratory Medicine at Hamilton General: "A strength of our Department is our ability to provide opportunities by which students can combine laboratory medicine and clinical medicine."

The Departments of Laboratory Medicine at Henderson and Hamilton General Divisions are two of more than 10 Clinical Teaching Units at the Hamilton Civic Hospitals which provide teaching and research environments for learners at various levels.

It's part of the Civics' commitment as a teaching hospital, affiliated with the Faculty of Health Sciences at McMaster University, Mohawk College and the Michener Institute of Medical Technology in Toronto. The commitment extends to teaching: senior medical students (clinical clerks), interns (doctors completing a training year immediately after graduation), residents (doctors training to be specialists) as well as student nurses, physiotherapists, occupational therapists and others.

Take the CTU on Ward 385 at Henderson Division.

"The CTU has a dual function," notes Dr. Coleman Rotstein, Director of 385's CTU. "It must provide exemplary patient care and simultaneously educate the medical housestaff (interns and residents). The primary responsibility for patient care rests with the Internal Medicine attending physicians who delegate much of this responsibility in a graded fashion to interns and residents.

"It is during this apprenticeship with the attending physician that the medical housestaff learn the appropriate care of patients."

The Department of Emergency Care's CTU, unlike a ward, has patients who have not been diagnosed until they come in to the Department. Learners are provided with hands-on experience and immediate feedback from the on-duty ER physician. This gives learners "a chance to develop their clinical skills in a way which they cannot do on the wards," comments Dr. Ken Ockenden, Chief of the Department of Emergency Care, Hamilton Civic Hospitals.

Other health care professionals are often integrated into training of housestaff. On Ward 385, nursing, social work and physiotherapy play integral roles in the education of interns and residents. Notes Dr. Rotstein, "It is important that housestaff recognize the extension of patient care beyond the hospital. Therefore, they must be cognizant of out-patient resources which assist in the extended care of patients." Technologists in the General's Department of Laboratory Medicine have extensive teaching involvement, Dr. McQueen notes.

Dr. Ned Gagic, Head of Henderson's Service of General Surgery says that, for a number of reasons, the Surgery CTU at Henderson has been regarded by surgical residents as an excellent centre for their training in general surgery. The Unit is known for innovations: laparoscopic surgery has virtually replaced the traditional method in gallbladder surgery and is being used increasingly for hernia repairs. Patients are referred to Henderson throughout the region because of the Department's success with laser surgery.

Henderson also has fostered strong ties between surgical specialties (such as gastrointestinal tract and breast surgery) and the Hamilton Regional Cancer Centre, and between the Services of General Surgery and Gastroenterology (in areas such as colon cancer) — of great benefit to surgical residents looking for this sort of cooperation between disciplines.

Clinical clerks, residents and post-graduate students are trained in the Obstetrics and Gynecology CTU at Henderson, including Gynecologic Oncology Fellows enrolled in a sub-specialty program in Gynecologic Oncology offered jointly at McMaster University and the University of Toronto. Some members of the Department have made great strides in gynecologic laparoscopic surgery and reached sufficient levels of expertise to enable them to teach these skills to post-graduate students, comments Department Chief, Dr. Donald Pond.

Residents spend at least six months in their four-year training program in the General's Diagnostic Radiology Department, notes Dr. Arlene A. Franchetto, who heads up the Department's CTU. "They are usually assigned to one radiologist each day," she says, "and each radiologist does individual teaching around cases." The Department recently added a Magnetic Resonance Imaging rotation and residents spend one day a week reviewing MRIs with the assigned MR radiologist from the CTU. (The MRI, which is located at McMaster Division of Chedoke-McMaster Hospitals, is operated jointly by the Hamilton Civic Hospitals, St. Joseph's and Chedoke-McMaster.)

These are only a few of the Civics' CTUs offering first-rate training to learners at all levels. But as Dr. Rotstein notes, and as Dr. Mitchell will confirm: CTUs "must provide exemplary patient care," as well as education.

Cardiac Surgeon Dr. Bill Shragge, in a previous issue of Touchstone summed up the benefits to patient care of having learners "wandering through our busy days." He says: "The learner, with his constant questioning and challenging, constantly forces us to develop, as persons, as professionals and as an institution." And that can only benefit patient care.

Tricennial

McMaster's Faculty of Health Sciences has launched a year-long celebration recognizing 30 years of education, research and service by McMaster and its affiliated teaching hospitals.

Tricennial activities include a program of national and international congresses plus a variety of social and cultural events.

For information, contact: Joanne Taylor at the Tricennial Project Office (416) 525-9140 ext. 4323.

Spirit of the Civics

Seventy-five small visitors filled the Hamilton General lobby with the sound of Christmas carols in honour of a very special patient, Robert Clapham, their school crossing guard. The George R. Allen School students wanted "Officer Bob" to know how much they missed him after he was admitted to the General with a broken leg.



Patient benefiting from Henderson/SPCA pet program.

Stay tuned ...

For the first time, the Hamilton Civic Hospitals Foundation, St. Joseph's Health Care Foundation and Chedoke-McMaster Hospitals Foundation organized a joint fund-raising event to provide for equipment needs at all three organizations. The **24-hour Relay for Health**, held June 25, 26 and 27, 1993, at the Dofasco Sports Centre, raised funds through pledges. Corporate, community and health care teams were encouraged to keep a member running, jogging or walking on the course for 24 hours.

Stay tuned for results of this exciting event...

The Hamilton Civic Hospitals Volunteer Association donated more than \$100,000 to purchase equipment for the Henderson and Hamilton General Divisions. At Henderson, the money purchased, among other pieces of equipment, two infant warmers for the neonatal unit and a neonatal fetal monitor. At the General, purchases included a fiberoptic gastroscope and an oximeter.

Thanks to funds raised by staff, an outdoor landscaped area at the General opened officially, September 15, 1992. Almost \$30,000 was contributed towards Pillars Patio by the Special Events Committee and the Housekeeping Department, through various staff activities.

The Henderson Employee Liaison Partnership (HELP) committee raised \$14,000 for equipment at the Henderson. In cooperation with the Hamilton Civic Hospitals Foundation, the committee raises funds through a variety of activities. This year's equipment purchases included two blanket warmers, a patient lifter, a powered cart for the Maintenance Department and a Wet Vac for Housekeeping.

The new Hamilton Regional Cancer Centre opened June 23, 1992. The \$41.6 million, 170,000 sq. ft. Centre is located on Henderson's site and is designed as the hub of a comprehensive cancer service network serving 1.7 million people. The facility will treat more than 5,000 new cases of cancer per year.

Dr. Ken Ockenden, Chief of Emergency Care at the Hamilton Civic Hospitals, was honoured on February 15, 1993, by the Hamilton-Wentworth Heritage Association for his involvement in the conversion of West Avenue School to a facility for self-help groups. The school is opposite Hamilton General Division.

Dr. Ted Warkentin, Head of Transfusion Medicine section of the General's Department of Laboratory Medicine, received the prestigious research scholarship from the Heart and Stroke Foundation of Canada.

Dave Watts, Vice-President of Finance and Corporate Services with the Hamilton Civic Hospitals, co-authored the February, 1993, cover story in Healthcare Financial Management magazine. The report, Integrating Technology Assessment into the Capital Budgeting Process, focused on a method of ranking capital requests.

Dr. John Neilsen, former Medical Superintendent (CEO) of what was, in 1947, Hamilton General Hospital, died February 18, 1993. This "giant" of health care, as the Hamilton Spectator obituary termed him, was a founder of the Ontario Hospital Services Commission, the Canadian Council on Hospital Accreditation and the Ontario Council of Administrators of Teaching Hospitals. He also was friend and mentor to many, including Dr. W.E. Noonan, President and CEO of Hamilton Civic Hospitals and Dr. John Phin, HCH's Vice-President of Medical Affairs. Noted Dr. Noonan: "His contributions form part of the very matrix of health care delivery in Canada today."

Dr. Pongsak Vantha, a New Orleans trained Physician who is 2IC to Thailand's Director of Health Services, had a first-hand look at the General's Emergency Room as part an information-gathering tour of Southern Ontario hospitals.

Dr. David Sackett has been made a fellow of the prestigious Royal Society of Canada. He was one of the founders of the McMaster University Faculty of Health Sciences and founding Chairman of the Department of Clinical Epidemiology.

Pat Skrtich, Administrative Assistant; Dr. Mike Romeo, Chief; and Chief Technologist, Janie Alexander, of the General's Diagnostic Imaging Department have published a paper on the Department's unusual "pod" layout in the European Journal of Radiology. Ms. Skrtich presented the paper at the Sixth International Symposium on Planning of Radiological Departments in Bergen, Norway.

Emergency Physician, Dr. Daniel Kollek, and ER staff at Hamilton General and Henderson General Divisions are saving equipment and supplies from disposal and directing them to a mini relief effort. The informal network of hospital staff is sending to Guyana safe supplies such as oxygen tubing which cannot be re-used at the Hospitals but which is very much needed in developing countries.

Dr. Stan Schatz, a Neurosurgeon at the Hamilton Civic Hospitals, was one of 21 Western physicians asked by the Canadian Medical Association to share their knowledge of spinal cord injury with their counterparts in the People's Republic of China.

The Russian folk group Rossianye entertained staff and patients on the patio behind the new Cancer Centre as part of its tour of Ontario.

Ms. Candace Thacker, Hamilton General Library Director was elected Secretary to the Board of Directors for the Canadian Health Libraries Association.

Emergency Physicians Dr. Debra Hutchinson and Dr. Daniel Kollek received Excellence in Teaching Awards from the Division of Emergency Medicine at McMaster University. Awards are based on student evaluations.

Friends of the Civics

Hamilton Civic Hospitals Foundation Report

by Noel Robb

For Rent signs appeared on store fronts, weeds grew in factory parking lots, and in the boardroom, discussions were lean and mean. A difficult time in our community to ask for health care funds. And yet, the Foundation continued to grow steadily, thanks to the overwhelming support of our patients, families, hospital family, and community groups.

This year our former patients and their families came forward to offer their expertise in special event fundraising. Cathy Connelly (while recuperating from a bone marrow transplant!) organized a Dance for Leukemia which raised over \$17,000! Donna McLaughlin of Castlefield's in Ancaster hosted a fashion show for the Mend a Broken Heart Campaign in memory of her

father, and Barbara Fehrman raised more than \$8,000 to buy two pain pumps for Oncology at the Henderson. The third annual Robert Stephen Davies Memorial Golf Tournament raised over \$3,000 for the Leukemia/Lymphoma Research Fund. Grateful patients, like Joyce Zampigian and "Lofty" Rogers came back often to visit their surgeons and bring their thanks to the hospital. The spirit and generosity of our donor family is a tribute to our caring hospital staff.

Three new special events were held this past year in support of the Mend a Broken Heart Campaign. Our Open House last May brought hundreds of open heart surgery alumni back to the hospital to reunite with the cardiovascular staff and to view the new equipment which has been purchased with community support. In August, at Sundrim Golf Course in Caledonia, over 150 golfers participated in the first Open Heart Open, a tournament

which raised over \$8,000! And finally, last October, we hosted our Non Gala Event, in which our guests stayed home, and we delivered a party to their door! This event raised \$9,000 and generated increased awareness of the Mend a Broken Heart Campaign when the story of this

event went coast to coast on CBC Radio.

The munificence of the Firefighters made it possible for us to realize our dream of a Hyperbaric Chamber at the General, and the special gifts of our own Volunteer Association allowed us to give the hospital more than \$800,000 this year for much-needed equipment.

Our Endowment Program has grown steadily this year, and has been led by members of our

hospital family. We are grateful for this financial base from which our Foundation will continue to grow.

Formal membership was conferred this year on those who annually contribute \$25 or more to the Foundation. Under the chairmanship of Mary Gilmour, more than 7,000 donors became members. Some chose to join the President's Circle (with an annual gift of \$1,000) to have an even greater involvement in our hospitals.

Our sincere thanks go to our volunteers, Board members and especially our donors for another successful year. Out of tough times, good has come, thanks to all of you!



Gifts from the community helped to purchase urgently needed equipment for the hospitals. Dr. Ken Ockenden (left), Chief, Emergency Care Department, thanks (left to right) Mary Gilmour, Robert Johnston and Harold Embree of the Royal Canadian Humane Association for their generous gift of \$8,200 for a portable ECG machine. Critically ill or injured patients can now have an electrocardiogram done without having to be moved.



Hamilton Civic Hospitals Board of Directors

Seated from left: Volunteer Association President Mrs. Harry Ruddell; Ms. Renate Davidson; Board Chairman Dr. Iain Stewart; Mrs. Lynda Templeton; Mrs. Patricia Mongeon.

Standing, from left: Miss Joyce Caygill; Board Secretary Mr. Morris Smurlick; First Vice-Chairman Mr. John Spears; Chairman of MSAC Dr. Ken Ockenden; President and CEO Dr. W. E. Noonan; Second Vice-Chairman Mr. Norm Preece; Mr. Chester Waxman; Past Chairman Mr. Gordon Lawson.

Missing: Regional Councillor Dominic Agostino; Regional Councillor Don Drury; (Mayor's Designate) Alderman Henry Merling; Alderman Bernie Morelli; President of Medical Staff Dr. Alf Cividino; Vice-President of Medical Staff Dr. Scott Wooder; Mr. Doug Boothe; Mr. Ram Kamath; Mr. Paul Milne; Mr. Stan Seneco; Mr. John Skirving; Mr. Bob Swenor.

Hamilton Civic Hospitals

Our Annual Report message of last year concluded with a question mark of sorts.

Thanks to the historic cooperation between employees, the Board of Directors, administration, medical and nursing staff and volunteers, the Hamilton Civic Hospitals crafted a response to the funding restraint challenge that, while it resulted in some very difficult decisions, was nevertheless very much in keeping with the history and traditions of the organization:

- We were and are committed to the delivery of high quality patient care.
- We were and are committed to making decisions with input from all levels and to communicating those decisions to affected staff as soon as possible.
- We were and are committed to achieving efficiencies through changes to patterns of practice, without compromising patient care and in a way that would have the least possible impact on our employees.

Together we faced the challenge of implementing the program, knowing that it would be the following year - fiscal 1992/93 - when it would be judged. Would it succeed in accomplishing its goals, or would it fall short?

It is this question that is answered in this year's Annual Report — in the financial statements, in the Reports' section and in the Touchstone articles that precede them.

And the short answer is "yes."
Consider the following:

- The number of out-patients has increased 13.3 percent; the average length of stay has dropped 5 percent; and judging from our Patient Satisfaction Questionnaires, patients still feel they are receiving high quality care.
- By virtue of an expanded cardiovascular surgery load approved by the Ministry and ongoing retirements and other staff changes, by fiscal year end the majority of laid-off staff had returned to work.

• Substantial savings have been accomplished, resulting in a better-than-budgeted financial performance.

• It has been a positive year, as well, for physical plant improvements. The much-needed new parking ramp on Concession Street at the Henderson Division, was completed and opened in the fall of 1992. Also at Henderson Division, construction of the new research/materials management building is well under way, with completion slated for fall, 1993. At Hamilton General Division, the old laundry and linen buildings and boiler plant were demolished, with open, grassy areas adding to the attractiveness where these buildings formerly stood. As well, approval has been received for the construction of the new Hamilton Men's Detoxification Centre at its chosen site on Main Street East near Sanford; we expect to begin construction in late summer or early fall 1993, with the new Centre slated for completion in late spring of 1994.

We would like to point out that it is entirely due to support and cooperation that we can answer the question posed last year with a resounding "yes."



Thanks to our employees and administration; the Hamilton Civic Hospitals Foundation, under the presidency of Mr. Jim Coons; the Volunteer Association, under the direction of Mrs. Harry Ruddell; the Medical Staff and its Advisory Committee under the leadership of Dr. Bill Pine and Dr. Ken Ockenden; and, notably, our friends and patients in the community we were able to make our operating plan successful.

Of particular note are the members of the Board of Directors who have been challenged more in these past two years, than perhaps any year in the history of the organization. To all members and former members our deepest thanks. These include Mr. Norm Corfe and Mrs. Cheryl Robertson, who completed their tenures as of December 31, 1993, as did Dr. Bill Pine as Chairman of Medical Staff Advisory Committee. Dr. Abe Szereszewski, the President of Medical Staff, completed his term June 30, 1992, and, Mr. Gord Lawson - our Chairman during these difficult times - completed his tenure as of January, 1993.

*Dr. Iain Stewart
Chairman
Board of Directors*

We welcome, and thank in advance, their successors: new appointees, Mrs. Lynda Templeton and Mr. Paul Milne and, Dr. Ken Ockenden, the new MSAC Chairman. Dr. Alf Cividino, formerly a Board member as Vice-President of Medical Staff, remains a Board member as President of Medical Staff, and Dr. Scott Wooder, who succeeds Dr. Cividino as Vice-President of Medical Staff, joins the Board.

Dr. Iain Stewart replaces Mr. Lawson as Board Chairman, and it is his first joint annual message you read here.

Notwithstanding the accomplishments we have all made in the past years, there are more and greater challenges ahead. The future remains in question. With no increases in funding anticipated for the next two years, there will be real difficulties in 93/94. A shortfall already is anticipated in 94/95, which may result in further program restrictions, bed closures and layoffs.

Partly in response to this, a strategic planning process (again involving input at every level) is under way under the direction of Dr. Bill Pine, former Chairman of the Medical Staff Advisory Committee. With the assistance of Mr. Steve Isaak, Director of Special Projects, the process will determine the path of the organization as it fulfills its mandate in the environment of funding restraints. As Mrs. Fee, Chief Operating Officer of Hamilton General Division, explains it in her annual message: "We believe it will help us position ourselves optimally both internally and in the larger regional context to face the challenges awaiting us in future years."

Difficult decisions do lie ahead. But with the cooperation and support evidenced in the past, the right decisions will be made. The future is in question; but judging from our previous response to challenge, we have the answers at hand.

*Dr. W.E. Noonan
President and
Chief Executive Officer*



Hamilton General Division

Last year, I began my first annual report by noting that 1991/92 had been a year of many changes at the Hamilton General Division; 1992 brought many more.

We were challenged from the outset to make substantial reductions in our operating budget, to meet the fiscal reality of curtailed funding from the Ministry of Health. This necessitated, commencing April 1, 1992, the closure of 5 West and a number of unfortunate but unavoidable staff reductions. It also precipitated a major expansion of our pre-operative clinics, and many other modifications in the way we conduct our day-to-day operations to increase operating efficiency without compromising quality or quantity of patient care.

The trauma program, under the direction of Dr. Frank Baillie, took a major step forward with the establishment of the trauma team leader system. For many years, the chief surgical resident had functioned as the trauma team leader in the ongoing assessment of the trauma patient. Recognition of the Hamilton General Division as a Provincial lead trauma hospital assured Ministry of Health funding required to put into place a multi-disciplinary pool of physicians to function as trauma team leaders. As a lead hospital and as an affiliated teaching hospital of McMaster's Faculty of Health Sciences, we play an important role in trauma education and research as well as in patient care.

Over the summer months, we received excellent news from the Ministry of Health. They agreed to provide additional funding in 1992/93 to support the continued expansion of our open-heart surgery program from 816 to 871 cases in the fiscal year 1992/93. To meet this mandate, we were able to re-open 5 West in September 1992. In January, our funded target for fiscal 1992/93 was increased to 930 open-heart cases. We anticipate meeting this objective and plan to maintain activity at this level for fiscal 1993/94.

Early this fall, we joined the Faculty of Health Sciences in welcoming Dr. Salim Yusuf, a world renowned cardiologist and researcher, as Director, Division of Cardiology, McMaster University. Dr. Yusuf is located at the Hamilton General Division, and is focusing his research on preventive cardiology and therapeutics.

In December 1992, thanks to the generous contributions of the Hamilton and area Professional Firefighters Association and the enthusiastic and tireless efforts of Dr. Janet Sproat and many other staff members, we proudly opened the first Hyperbaric Chamber in the Hamilton-Wentworth region, situated in our Burn Trauma Unit.

As we look ahead to 1993/94, plans are being finalized for the establishment of an Alternate Level of Care Unit on 8 West, to better serve

our patients awaiting placement. We will also be initiating, in the Short Stay Unit, an autologous blood donation program for our open-heart patients.

The Hamilton Civic Hospitals will be continuing a major strategic planning process, which we believe will help us position ourselves optimally both internally and in the larger regional context to face the challenges awaiting us in future years.

Our survival and smooth functioning through the fiscal stresses and strains of 1992/93, which show no signs of lessening in the foreseeable future, were made possible only through the tremendous collaborative efforts of all levels of our staff, medical staff, board members, volunteers, and patients.

It is my great privilege to thank each and every one of you. I will be counting on your ongoing support.

To those who have retired in the past year, I also wish to extend a personal Thank You and best wishes for a full and active retirement.

*Mrs. Trixie Fee
Vice-President
Hamilton Civic Hospitals
Chief Operating Officer
Hamilton General Division*



Henderson General Division

Faced with the reality of shrinking budget allocations, the entire Henderson Division staff responded in a positive and proactive manner during 1992/93. Old processes have been challenged and change has become part of our everyday operations, as we strive to provide improved quality care with fewer resources.

A major achievement in 1992/93 was the development and introduction of a comprehensive pre-operative clinic designed to coordinate and streamline the pre-operative process. This collaborative project has reduced the length of stay of patients and has minimized operating room delays caused by inadequate documentation or absence of test results. Due in part to the success of this program, the elective surgical caseload was maintained during 1992/93 despite fewer surgical beds being in operation.

This past year, a satellite pharmacy was constructed between the two oncology wards, providing enhanced pharmacy service to the oncology patient. The pharmacist, as part of the clinical team, now provides on-site drug information and efficient dispensing of the complex array of medications required by the oncology patient.

Other process reviews have resulted in more efficient use of expensive

non-ionic media in Diagnostic Imaging; a reassessment by Physiotherapy of the benefits of specific treatment modalities; and development of clinical indicators to ensure appropriate use of the more costly antibiotics. Staff are commended for their initiative and collaboration demonstrated in these and other projects.

Construction of the Hamilton Regional Cancer Centre was completed and officially opened in May, 1992. As an integral part of the HRCC, the Henderson operates a satellite radiology suite and laboratory specimen collection centre - patients are now able to undergo many diagnostic tests and procedures at the Cancer Centre site.

Construction of our long-awaited Concession Street parking ramp was completed in November 1992. This new ramp accommodates over 600 vehicles, addressing a significant shortfall in available parking for patients, visitors and staff. As well, major renovations were completed in Obstetrics/Gynecology and Newborn Care facilities. The neonatal unit is now equipped for advanced treatment and care required by premature newborns.

One major focus area at the Henderson Division is the growing and expanding research program; construction of a multi-level

Research/ Materials Management Building began in May, 1992, with an anticipated completion date of Fall 1993. This building will accommodate a number of wet research laboratories to complement the existing dry research facilities now located on the Henderson site.

As a teaching hospital, we are proud to participate in, encourage and provide educational opportunities for students and staff in many disciplines. Of special note during 1992/93 was the seminar organized by the staff and physicians of the Diagnostic Imaging Department entitled, Mammography and Breast Cancer, which was attended by delegates from across the province.

The efforts and achievements of the Henderson Division volunteers deserve special recognition. Our Volunteer Association continues to support hospital activities by providing many different services to patients as well as monetary support for staff educational activities and capital equipment. I extend my personal thanks for your outstanding commitment during this past year.

*Mr. Peter Johnson
Vice-President
Hamilton Civic Hospitals
Chief Operating Officer
Henderson General Division*



Medical Staff Advisory Committee

In last year's Annual Report, my predecessor, Dr. Bill Pine, was more prophetic than he realized about the difficulties, the achievements and the excitement of the year ahead. He emphasized that our medical staff's excellent relationship with the Board of Directors and hospital administration had stood us in good stead. This was especially true in our need to change and to change quickly the way we balanced clinical service, education and research at our two Divisions.

At that time, we were faced with reduced financial resources which resulted in significantly fewer medical and surgical beds at the Hamilton General Division and, similarly, fewer medical, surgical and obstetrical beds at the Henderson Division. In accordance with the Hospitals' goal to minimize the impact of bed closures and fewer resources on the delivery of care, we developed a plan with very specific and measurable objectives.

These included:

- reducing the length of hospital stay through early discharge and very aggressive management of beds;
- increasing the use of pre-operative clinics;
- admission of patients for elective surgical procedures on the day of surgery;
- increased use of same-day surgical beds and other ambulatory facilities.

If there was a single phrase to describe the plan it would be that it was: "a plan to do more with less."

Now, a year after its initiation, having had the opportunity to evaluate it, we can say the plan has been a success.

Dr. W.E. Noonan's report elaborates on some of the indicators measured, but in summary, the same numbers of similarly complex patients have been cared for as in previous years, despite the decrease in beds and reduction of some other resources.

These changes could only have been accomplished as completely and as quickly as they were through integrated planning, support and implementation by physicians and hospital staff, supported by the Board of Directors.

But even as we have concentrated on resource allocation in patient services, there have been substantial achievements in other areas of medical practice. The installation of a hyperbaric chamber at the General Division in 1992 added a very significant mode of treatment to the hospital. Patients who previously had to travel to more distant centers in Ontario can now be treated using the expertise of our own physicians.

Through the year, the Trauma Program has been consolidated and constantly refined so that trauma patients in the region now receive care which is as good as at any center in North America. Since motor vehicle trauma affects the young adult so frequently, the work of the many members of our staff involved in trauma is vital to the future of these young people.

This fiscal year marked the beginning of the construction of the Materials and Research Building at the Henderson Division. Research activities centred both in the Research Centre and throughout the Divisions have provided a focus for change such that our Hospitals' responsibilities of

teaching and research have much increased. As one indication of research activity; the Institutional Review Board has reviewed 78 research proposals. The ongoing expansion of research at the Civic Hospitals has meant not only that we have acquired a world reputation for research but, on a more prosaic level, many jobs have been generated here as a result.

In May, 1992, the enlarged Hamilton Regional Cancer Centre opened and with it, the increasing importance and impact of oncology on the Henderson Division became more apparent. To further improve collaboration between the Cancer Centre and the Hamilton Civic Hospitals a clinical liaison committee has been appointed and both formal and informal cooperation between the two organizations is being encouraged.

Strategic planning has been a topic of great interest in all hospitals in the region. Hamilton Civic Hospitals has begun to develop a long range vision plan to define future plans, goals and changes as clearly as possible in our ever-changing environment.

Although in its early stages this is an exciting long-range project which is soliciting the input of all medical staff in planning for the future of their hospital.

In conclusion, the past year has been a challenging and exciting one with many accomplishments. The future holds even greater challenge. It is the task of the medical staff, as well as the rest of our hospital family, to accept that challenge and to continue to make the coming year one of achievement.

Ken Ockenden, MD
Chairman

Medical Staff Advisory Committee
Hamilton Civic Hospitals

Annual Report

Hamilton Civic Hospitals Volunteer Association

It is my pleasure to report on a most eventful and productive year. Because in these times of government cutbacks to hospitals, our volunteers have responded by simply redoubling their efforts and increasing their support to the Hamilton Civic Hospitals.

Thanks to this spirit, we were able to present an extra cheque for \$50,000 to Mr. Jim Coons, president of the Hamilton Civic Hospitals Foundation at the Board of Directors Christmas Tea. This cheque was in addition to all our other commitments and it was made possible through the efforts and dedicated hard work of our staff and volunteers. This year, also, we raised the amount of our teen bursaries from \$200 to \$500. Four are available each year, two at each Division.

We have made some changes in our shops and we are very pleased with the results. The snack bar at the General Division is doing exceptionally well; Sales are way up and we are indebted to Ms. Chris Denarde for her expert management. The gift shop is productive and a source of pride and we are hoping to enhance our sales there, too. Our Nevada Lottery sales at both Divisions continue to escalate, bringing in a total of \$155,756 for the year.

Now, changes are on the way at Henderson Division. Both our snack bar and gift shop will be moving to the Corridor and there is a possibility there will be a coffee cart at the front entrance. We are anxious to see our plans fulfilled and are working hard towards this objective. Our maternity shop is doing well at the Henderson and we are most grateful to the knitters who are very creative ladies. They are the volunteers who work outside the hospital to provide the beautiful baby-sets sold in our shops.

In February, Mr. Peter Johnson, Chief Operating Officer of the Henderson Division invited our board members to tour the hospital. It was exciting to see so many improvements and so much new equipment in use. It was a source of pride to know some of it had been donated by our Association.

Our volunteers continue to be our greatest asset, providing compassion and support to the patients. They relieve the apprehension of the unknown and the stress that is inevitable during a hospital stay. When one is ill, a friendly smile and a word of encouragement can make a world of difference and this the volunteers provide so well. Volunteers are actually our ambassadors to the outside community; They are excellent public relations people!

There was a time when all our volunteers were women and girls but now we are seeing men and teenaged boys volunteering, doing superb jobs. Our statistics show that we have 41 men in our two hospitals and 17 teen boys have joined our ranks. We are hoping these numbers will increase.

As President of the Board and the Volunteer Association representative, I attended the Hospital Auxiliaries Association of Ontario convention, held at the Royal York Hotel, Toronto, on October 26-29, 1992. I was accompanied by Barbara Cambridge, 1st Vice-President, Cecilia Furness, 2nd Vice-President, and June Charters, Maternity Shop Director. We were there to learn and to gain information that we could bring back to our own board to enable us to do a better job for the Hamilton Civic Hospitals. The convention was well attended with 790 delegates representing 13 Regions from across Ontario. We left with new ideas, more knowledgeable and with renewed enthusiasm to face the challenges of the coming year.

Among the other highlights was our raffle for the gourmet basket on November 2, 1992, when our invited guest, the Honourable Lincoln Alexander, former Lieutenant-Governor of Ontario, came to make the draw. As well, the large attendance at our picnic last September was very gratifying. And last year's Annual Meeting performers, the Geritol Follies, proved a great success; everyone left the luncheon smiling and happy.

Many thanks to Dr. Noonan and his staff who have always supported and guided us in our endeavours. Special mention is due Mrs. Trixie Fee and Mr. Peter Johnson for all their help in numerous ways. We are truly grateful to them both.

I do sincerely thank the board members for their dedication and support during my time in office.

We now look forward to another year of challenges and accomplishments, by working together in harmony, we can achieve all our goals.

*Mrs. H. Ruddell
President
Hamilton Civic Hospitals
Volunteer Association*

Financial Statements

Balance Sheet as at March 31, 1993

Assets

	1993	1992
Cash and Short Term Deposits ...	\$29,882,790	\$20,025,063
Grants and Accounts Receivable .	18,880,757	17,809,984
Inventories	4,390,117	4,626,302
Prepaid Expenses	1,143,695	470,422
Due from Other Funds	3,598,289	—
Total Current Assets	57,895,648	42,931,771
Fixed Assets -		
Equipment	66,074,276	63,050,098
Less Accumulated Depreciation	43,343,313	38,605,205
	<u>22,730,963</u>	<u>24,444,893</u>
Construction in Progress	5,355,087	134,870
	<u>28,086,050</u>	<u>24,579,763</u>
Total Assets	\$85,981,698	\$67,511,534

Liabilities and Fund Balance

	1993	1992
Accounts Payable and Accrued Liabilities	\$46,751,490	\$40,380,909
Long Term Debt - Region of Hamilton-Wentworth (note 2)	6,150,793	—
Fund Balance	33,079,415	27,130,625
Total Liabilities and Fund Balance	\$85,981,698	\$67,511,534

Notes to Financial Statements - see p. 22

Statement of Changes in Financial Position

for the year ended March 31, 1993

Sources of Working Capital	1993	1992
Surplus for the year	\$6,443,304	\$2,384,482
Charges to operations not requiring an outlay of working funds - Depreciation	5,088,668	5,077,083
Donations received for Capital Expenditures	1,345,067	792,918
Region of Hamilton-Wentworth Loan (note 2)	6,150,793	—
Total Working Capital Provided	19,027,832	8,254,483
Application of Working Capital		
Purchases of equipment - net	3,374,738	4,513,950
Transfer of Depreciable Equipment from Redevelopment Fund	—	34,710
Expenditure to buildings owned by the City of Hamilton	1,839,581	1,445,597
Transfer to Redevelopment Fund	—	3,487,860
Construction in Progress	5,220,217	134,870
Total Application of Working Capital	10,434,536	9,616,987
Increase (Decrease) In Working Capital	8,593,296	(1,362,504)
Working Capital Beginning of Year	2,550,862	3,913,366
Working Capital End of Year	\$11,144,158	\$2,550,862

Auditors' Report

To the Board of Directors of Hamilton Civic Hospitals

We have audited the balance sheet of the Hamilton Civic Hospitals as at March 31, 1993 and the statements of revenue and expense and fund balance, and changes in financial position for the year then ended. These financial statements are the responsibility of the hospitals' management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts

Statement of Revenue and Expense and Fund Balance

for the year ended March 31, 1993

Revenue	1993	1992
Ministry of Health Funding		
- Hospital Services	\$213,682,186	\$207,289,094
- Subsidiary Services	2,950,285	2,895,438
Patient Services Revenue	18,340,751	17,824,625
Other Income	6,060,555	5,448,402
Total Revenue	241,033,777	233,457,559
Expense		
Care of Patients	151,995,368	147,934,910
Patient Support Services	21,220,487	22,493,939
General Services	51,519,494	51,509,462
Depreciation	5,088,668	5,077,083
Other Expense	1,816,171	1,162,245
Subsidiary Expenses	2,950,285	2,895,438
Total Expense	234,590,473	231,073,077
Surplus for Year	6,443,304	2,384,482
Fund Balance Beginning of Year	27,130,625	28,886,682
Add		
- Donations	1,345,067	792,918
	34,918,996	32,064,082
Less		
- Expenditures to buildings owned by the City of Hamilton	1,839,581	1,445,597
- Transfer to Redevelopment Fund	—	3,487,860
Fund Balance End of Year	\$ 33,079,415	\$ 27,130,625

and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the hospitals as at March 31, 1993 and the results of its operations and the changes in financial position for the year then ended in accordance with generally accepted accounting principles.

MacGillivray Partners
CHARTERED ACCOUNTANTS

Hamilton, Canada
May 25, 1993

Notes to Financial Statements

Note 1 - Significant Accounting Policies:

- (a) The financial statements have been prepared using the accrual method of accounting. Revenue is recorded when earned and expenses are recorded when incurred. The financial statements do not include the assets, liabilities and activities of any organizations such as the Volunteer Association and the Foundation which, although related to the Hospitals, are not operated by it.
- (b) Inventories are carried at the lower of cost and replacement value. The moving average cost method is used to value stores inventory. The first in, first out cost method is used to value pharmacy and other departments' inventories.
- (c) Fixed assets are recorded at cost and depreciated on a straight-line basis over their estimated useful lives from 1 to 20 years.
- (d) Under the sick leave benefit plan for employees, unused sick leave accumulated to March 31, 1993 may be used for sick time in future years. In addition, employees with five years or more service are entitled to cash payments on a portion of their sick bank upon termination of employment. It is the policy of the Hospitals not to recognize the amount of the liability of the sick bank in the financial statements, but to consider any payments from the accumulated sick bank as an expense in the year of payment. Effective April 1, 1993, the sick leave benefit plan for employees was amended. As a result, the future accumulation of sick leave credits has been discontinued.
- (e) Donations and grants for equipment are accounted for as increases in the fund balance in the year of purchase.
- (f) Capital construction and renovation grants are applied against expenditures incurred for additions and improvements to buildings which are owned by the City of Hamilton.

Note 2 - Long-Term Debt - Region of Hamilton-Wentworth

The long-term debt payable to the Region of Hamilton-Wentworth matures October 16, 2001. The loan agreement requires annual blended interest and principal payments over the next five years as follows:

1994	\$ 481,000
1995	481,000
1996	2,500,000
1997	2,500,000
1998	2,500,000

The Hospitals have the option of prepayment.

Note 3 - Pension Plan

Substantially all of the employees of the Hospitals are eligible to be members of the Hospitals of Ontario Pension Plan which is a multi-employer defined benefit final average pay contributory pension plan.

Employer contributions expensed during the year by the Hospitals amounted to \$4,654,000 for 1993 and \$4,173,000 for 1992.

The most recent actuarial valuation of the plan as at December 31, 1991 indicates the plan is fully funded.

Note 4 - Public Liability Insurance

Hamilton Civic Hospitals is a member of the Healthcare Insurance Reciprocal of Canada (HIROC).

HIROC is a pooling of the public liability insurance risks of its members. All members of the pool are subject to assessment for losses experienced by the pool for the years in which they were members, on a pro rata basis, based on the total of their respective deposit premiums. To March 31, 1993 no assessments have been made. The Hospitals have expensed deposit premium as an administrative expense amounting to \$1,049,000 for 1993 and \$1,045,000 for 1992.

Note 5 - Contingency

The estimated maximum liability for termination sick bank payments at March 31, 1993 amounts to approximately \$9,703,000 (March 31, 1992 - \$9,237,000). The termination sick bank payments were \$283,000 for 1993 and \$631,000 for 1992.

Note 6 - Comparative Figures

Certain of the 1992 comparative figures have been reclassified to conform to the 1993 presentation.

Annual Report

Stats 1993

Facts & Figures

	Ham. Gen.	Hend. Gen.	Total
Human Resources			
Paid Hours	3,345,435	3,054,906	6,400,341
Employees (full time equivalent)			
Nursing	900	749	1,649
Other	816	818	1,634
Totals:	1,716	1,567	3,283
Set Up Beds			
Private	50	57	107
Semi-Private	126	106	232
Standard	191	297	488
Bassinets	0	50	50
Totals:	367	510	877
Medical Services			
Autopsies	519	92	611
Emergency visits	43,048	31,229	74,277
Laboratory units	8,547,446	9,962,147	18,509,593
Occupational Therapy visits	10,892	14,433	25,325

	Ham. Gen.	Hend. Gen.	Total
Out-patient visits	69,031	64,478	133,509
Physiotherapy visits	48,154	39,211	87,365
Speech Therapy visits	8,364	855	9,219
Nuclear Medicine units	652,689	315,676	968,365
Medical Diagnostic visits	2,019,224	1,000,614	3,019,838
Surgical Operations	9,021	8,984	18,005
Diagnostic Imaging exams	92,464	77,997	170,461
Nutrition Counselling visits	4,479	1,642	6,121
Other Services			
Laundry poundage	1,132,230	1,161,036	2,293,266
Meals served	634,227	707,799	1,342,026
Patients - Active			
Admissions	11,671	13,817	25,488
Separations	11,687	13,962	25,649
Births - Live	0	1,788	1,788
Patient days	117,467	124,339	241,806
Average stay (days)	10.3	8.7	9.5
Occupancy (percent)	87.7	88.5	88.1

In-patient Cases 1992

	Hamilton General		Henderson General		Total	
	Patients	Days	Patients	Days	Patients	Days
Alternate level of care.....	2	74	15	865	17	939
Cardiology and Cardiovascular.....	3,943	32,866	1,243	11,511	5,186	44,377
* Dental.....	75	181	58	128	133	309
Dermatology.....	—	—	101	822	101	822
Gastroenterology.....	—	—	1,139	12,423	1,139	12,423
General Surgery.....	1,473	11,821	1,599	9,665	3,072	21,486
Gynecology.....	—	—	1,587	9,260	1,587	9,260
Hematology.....	—	—	726	8,110	726	8,110
* Medicine.....	2,064	29,365	1,307	14,354	3,371	43,719
Neurology and Neurosurgery.....	1,148	21,324	384	10,942	1,532	32,266
Newborn.....	—	—	1,862	6,756	1,862	6,756
Obstetrics - not delivered.....	—	—	292	857	292	857
Obstetrics - delivered.....	—	—	1,863	7,010	1,863	7,010
* Ophthalmology.....	96	171	5	36	101	207
Orthopedic.....	1,440	13,996	935	14,764	2,375	28,760
Otolaryngology.....	193	394	214	919	407	1,313
Pediatrics.....	—	—	75	1,295	75	1,295
* Plastic Surgery.....	470	3,427	36	236	506	3,663
* Psychiatry.....	—	—	281	6,967	281	6,967
Respirology.....	—	—	830	8,778	830	8,778
Thoracic Surgery.....	5	30	—	—	5	30
Trauma.....	316	6,871	—	—	316	6,871
Urology.....	393	2,212	1,071	6,793	1,464	9,005
Totals.....	11,618	122,732	15,623	132,491	27,241	255,223

* not including out-patient cases

Medical Staff Advisory Committee

Chairman - Dr. W.E. Pine (to December 1992)
- Dr. K. Ockenden (from January 1993)

Vice-Chairman - Dr. B. Lumb (from January 1993)

DEPARTMENT OF ANESTHESIA

Chief - Dr. G.L. Dunn
Head of Service, Hamilton General - Dr. R. Bell
Head of Service, Henderson General
- Dr. W.E. Pine (to December 1992)
- Dr. P. Rondi (from January 1993)

DEPARTMENT OF CRITICAL CARE

Chief - Dr. J.R. Hewson

DEPARTMENT OF DIAGNOSTIC RADIOLOGY, Hamilton General Division

Chief - Dr. M.A. Romeo

DEPARTMENT OF DIAGNOSTIC RADIOLOGY, Henderson General Division

Chief - Dr. T. Minuk

DEPARTMENT OF EMERGENCY CARE

Chief - Dr. K.A. Ockenden

DEPARTMENT OF EYE MEDICINE AND SURGERY

Chief - Dr. H.C. Witelson

DEPARTMENT OF GENERAL PRACTICE

Chief - Dr. B. Vedelago
Deputy Chief and Member-at-Large
- Dr. A. Mazza-Whelan

DEPARTMENT OF LABORATORY MEDICINE, Hamilton General Division

Chief - Dr. M.J. McQueen

DEPARTMENT OF LABORATORY MEDICINE, Henderson General Division

Chief - Dr. J.H. Thornley

DEPARTMENT OF MEDICINE

Chief - Dr. T.L. Seaton
Deputy Chief, Hamilton General
- Dr. A.G.G. Turpie (to May 1992)
- Dr. A.T. Kerigan (from June 1992)
Deputy Chief, Henderson General
- Dr. D.E. Dwyer

Service of Cardiology

Head - Dr. D.A. Holder

Service of Clinical Hematology

Head - Dr. R.M. Meyer

Service of Dermatology

Head - Dr. P.J. Jenkin

Service of Gastroenterology

Head - Dr. B.J. Lumb

Service of General Internal Medicine

Head - Dr. D.E. Dwyer

Service of Infectious Diseases

Head - Dr. L. Mandell

Service of Neurology

Head - Dr. R.J. Duke

Service of Nuclear Medicine

Head - Dr. C.N. Best

Service of Rehabilitation Medicine

Head - Dr. D.T. Harvey

Service of Respiriology

Head - Dr. R.W. Cornett

Service of Thromboembolism

Head - Dr. J.I. Weitz

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Chief - Dr. D.G. Pond

DEPARTMENT OF PEDIATRICS

Acting Chief - Dr. T.L. Seaton

DEPARTMENT OF PSYCHIATRY

Acting Chief - Dr. S. Dziurdzy

DEPARTMENT OF SURGERY

Chief - Dr. J. Gunstensen
Deputy Chief, Hamilton General
- Dr. W.P. Finn
Deputy Chief, Henderson General
- Dr. E.G. Isbister (to September 1992)
- Dr. N. Gagic (from October 1992)

Service of General Surgery

Head, Hamilton General - Dr. W.P. Finn
Head, Henderson General - Dr. N. Gagic

Service of Cardio/Thoracic Surgery

Head - Dr. B.W. Shragge

Service of Neurosurgery

Head - Dr. S. Schatz (to April 1992)
Interim Head - Dr. J.D. Wells (from May 1992)

Service of Orthopedics and Fractures

Head - Dr. I.W. Blackstone

Service of Otolaryngology

Head - Dr. J.R. Cranston

Service of Plastic Surgery

Head - Dr. S.B. Heddle

Service of Urology

Head - Dr. I.R. Davis

Dental Staff

Head - Dr. E.M.G. Dore

CANCER CENTRE

Director - Dr. M. Levine

RESEARCH DIRECTOR

- Dr. J. Hirsh

McMaster University, Faculty of Health Sciences Representatives

- Dr. J. Bienenstock, Dean and Vice-President, Faculty of Health Sciences
- Dr. M. Cohen, Assoc. Dean, Health Services, Faculty of Health Sciences
- Dr. R. Rathbone, Assoc. Vice-President, Faculty of Health Sciences

Medical Staff - Elected Representatives

President - Dr. A. Cividino
Vice-President - Dr. S. Wooder
Secretary - Dr. S. Brister

Administration

President and Chief Executive Officer - Dr. W.E. Noonan
Vice-President, Medical Affairs - Dr. J.M. Phin
**Vice-President, Hamilton Civic Hospitals and
Chief Operating Officer, Hamilton General Division**
- Mrs. T. Fee
**Vice-President, Hamilton Civic Hospitals and
Chief Operating Officer, Henderson General Division**
- Mr. P.C. Johnson
Nursing, Hamilton General - Miss M. Charters
Nursing, Henderson General - Mrs. P. Mandy

Board of Directors

- Dr. I.O. Stewart (to January 1993)
- Mr. J. Spears (from February 1993)

RETURN POSTAGE GUARANTEED

Hamilton Civic Hospitals
237 Barton Street E.
Hamilton, Ontario
L8L 2X2



HAMILTON PUBLIC LIBRARY

3 2022 21335634 4

Postage paid

Port paye

Blk

Nbre

3203

HAMILTON, ONT.

Ms. Ruth Greenwood
Urban Municipal Librarian
Hamilton Public Library
PO Box 2700, Stn. A.
Hamilton, Ontario
L8N 4E4 24